

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|--|-----------------------------------|---|-----------------------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>2/28/05</u> | | 2 Serial/Patent # <u>18/037,415</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Petition | | 12/27/04 | \$ 130 | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | | \$ 130 | | | | | | | | |
| 8 TO BE REFUNDED BY: | | | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| | Overpayment | Credit Deposit A/C #: | | | | | | | | | |
| | Duplicate Payment | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>8</td><td>--</td><td>1</td><td>9</td><td>4</td><td>5</td></tr></table> | | | 1 | 8 | -- | 1 | 9 | 4 | 5 |
| 1 | 8 | -- | 1 | 9 | 4 | 5 | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | |
| <u>Postcard proves allegedly mailed pg of spec was here on day 1.</u> <u>Refund pet fee</u> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Eshirere Willis</u> | | | TITLE: <u>Pet Atty</u> | | | | | | | | |
| SIGNATURE: <u>Eshirere Willis</u> | | | PHONE: <u>272-3230</u> | | | | | | | | |
| OFFICE: <u>Office of Petition</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>C. Wells</u> | | | DATE: <u>3/2/05</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B